

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/857581

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6		1				
7		1				
8		1				
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26		1				
27		1				
28		1				
29		2				
30		2				
31		2				
32		2				
33		2				
34		1				
35		1				
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	50	↓		↓		↓
TOTAL CLAIMS	55					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS